


**PATIENT PRESENTING CLINICAL SIGNS**
**PATIENT**  
 Fawn Goodenow

History: Diabetic. Vomiting, anorexia, and diarrhea.

**SPECIES**

Physical Examination: N/A.

Feline

Urinalysis: N/A.

**BREED**

CBC: Neutrophilia, lymphopenia, eosinopenia, thrombocytopenia.

DSH

Serum Biochemistry: Severe hyperglycemia, elevated phosphate, no ketones

Radiographic Findings: N/A.

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**AGE**

9 years

**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

**WEIGHT**

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

 Remo Lobetti, BVSc,  
 MMedVet (Med), PhD,  
 Dipl. ECVIM

Enlarged (left 4.4 cm, right 4.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.359 cm, right 0.462.

**HOSPITAL NAME**

 Oviedo Veterinary Care  
 and Emergency

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Lucignani

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INVOICE**

303038

**Gastrointestinal**
**DATE**

6/16/22

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.29 cm) and peristaltic activity and no distension of the lumen. Thickening of the small intestine (up to 0.39 cm) with a hypoechoic appearance of the submucosal layer but no loss of layering or distension of the lumen.


**PATIENT** *Pancreas*

Fawn Goodenow

Enlarged and irregular (right 0.8 cm, left 1 cm) with a diffuse hypoechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**
*Free Abdomen*

Feline

Enlarged mesenteric lymph nodes (0.6 x 3.4 cm) with normal shape and echogenic appearance. No ascites.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**
**SEX**

Primary Findings:

FS

- Renomegaly.
- Pancreatitis.
- Enteropathy.
- Mesenteric lymphadenomegaly.

**AGE**

9 years

Secondary Findings:

**WEIGHT**

- Urinary bladder sediment.

**INTERPRETED BY**

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MMedVet (Med), PhD,  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the renomegaly would be incidental finding, bacterial nephritis, acute kidney injury, FIP, and emerging lymphoma.

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma.

The most likely etiology for the mesenteric lymph nodes would be reactive with lymphadenitis less likely and neoplasia, highly unlikely differential diagnoses.

Initial assessment would be urine and fecal analysis, urine culture, and fPL/PSL assay. Once the diabetes has been stabilized then serum cobalamin assay, FNA cytology of the kidneys and lymph nodes, and endoscopy of the upper GI tract with biopsies should be considered.

Initial management would be fluid therapy as needed, analgesic, anti-emetics, and insulin. Specific therapy would be dependent on an etiological diagnosis.

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**REFERRING VET**

Dr Lucignani

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**PATIENT**

Fawn Goodenow

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9 years

**WEIGHT**

**IMAGES**

**Pancreas**



**INTERPRETED BY**

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**Jejunum**

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**PATIENT**

**Mesenteric lymph node**

Fawn Goodenow

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9 years

**WEIGHT**



**INTERPRETED BY**

Remo Lobetti, BVSc,  
 MMedVet (Med), PhD,  
 Dipl. ECVIM

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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